



\$40.00 per brick (One brick per application)

Purchaser's Name:	Phone:		
Address:			
City:	State:		_ Zip:
Email:			
BRICK INFORMATION: Bricks are 4" x 8". Each brick in Spaces and punctuation are counted as characters (or			•
LINE 1	LINE 2		LINE 3
SPECIAL REQUEST FOR LOCATION OF BRICK:			
Yes, I want a Commemorative Certificate acknow			
			Attorial Value Indiana Co.
Name:			
Veteran's Name:			ie veteran deceased? Yes NO
Street Address:			
City:	State:		Zip:
Commemorative Certificate from: (Mr./Mrs./Ms.)			
	•	name(s) or family	name)
TOTAL AMOUNT ENCLOSED: \$	Checks should be made payable to: City of Gahanna		
E-MAIL, MAIL OR DROP APPLICATIONS AND PAYMEN Hamilton Road, Gahanna, Ohio 43230, parksandrec@	•	anna, Departmen	it of Parks & Recreation, 200 S.
Credit Card #:		Exp. date:	CVV/CVC
Name as it appears on credit card:			
Bricks purchased October 1– April 30 will be engrave Veterans Day.	d for Memorial D	ay; May 1 – Septe	ember 30 will be engraved for
FOR OFFICE USE ONLY:			Notepad for Engraver
Database Updated on: Database #: Brick Location: (X)(Y)		☐ Cash/Check☐ Certificate I☐ Certif	Signed
			(Date)